ASHA
American
Speech-Language-Hearing
Association

January 28, 2021

The Honorable Elizabeth Richter
Acting Administrator
Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
7500 Security Boulevard
Attention: CMS-1734-IFC
P.O. Box 8016
Baltimore, MD 21244

RE: Coding and Payment of Virtual Check-in Services and Personal Protective Equipment (PPE) Interim Final Rule Policies (CMS-1734-IFC)

Dear Acting Administrator Richter:

On behalf of the American Speech-Language-Hearing Association, I write to offer comments on the Calendar Year (CY) 2021 Medicare Physician Fee Schedule (MPFS) Interim Final Rule with Comment Period (IFC).

The American Speech-Language-Hearing Association (ASHA) is the national professional, scientific, and credentialing association for 211,000 members and affiliates who are audiologists; speech-language pathologists; speech, language, and hearing scientists; audiology and speech-language pathology support personnel; and students.

ASHA's comments focus on the interim final policies implemented by the Centers for Medicare & Medicaid Services (CMS) for coding and payment of personal protective equipment (PPE) and virtual check-in services.

Coding and Payment of Virtual Check-In Services (section II.D.)

ASHA appreciates CMS's efforts to give providers who cannot bill Medicare for evaluation and management (E/M) services—including speech-language pathologists (SLPs)—a reporting mechanism for communication technology-based services (CTBS) beyond the public health emergency (PHE), including e-visits (98970-98972), remote assessments of recorded video and/or images (G2250), and virtual check-ins (G2251). ASHA also agrees with CMS that there is a need for audio-only interaction beyond the PHE and supported the proposal to develop a new code for audio-only services to help Medicare beneficiaries continue to practice social distancing measures and avoid the potential resurgence of the virus.

However, ASHA is disappointed the IFC established a new HCPCS code, **G2252**, for audio-only virtual check-in services that excludes providers who cannot report E/M services under the MPFS, including audiologists and SLPs. This is counter to CMS's actions to allow additional qualified nonphysician health care professionals (QHPs) permanent access to CTB services, as well as its current policy allowing telephone assessment and management services (98966-98968) provided by certain nonphysician QHPs—including SLPs—during the PHE. In addition, audiologists and SLPs will lose access to telehealth services at the conclusion of the PHE. As such, CTB services—including those conducted via audio-only—will play an even greater role to help providers and Medicare beneficiaries mitigate a potential resurgence of the virus beyond the PHE. **Therefore, ASHA urges CMS to allow audiologists, SLPs, and other providers**

who cannot report E/M services to receive payment for audio-only virtual check-in services beyond the PHE.

Coding and Payment for Personal Protective Equipment (section II.H.)

ASHA is extremely disappointed that the IFC finalized CPT code 99072, *additional supplies, materials, and clinical staff time over and above those usually included in an office visit or other non-facility service(s), when performed during a Public Health Emergency, as defined by law, due to respiratory-transmitted infectious diseases*, as a bundled service under the 2021 MPFS. **ASHA disagrees with the interim final policy to bundle these expenses into existing in-person services and strongly urges CMS to use the American Medical Association's (AMA's) practice expense recommendations to immediately implement and separately pay for CPT code 99072.**

Although CMS increased costs of certain existing supplies, such as face masks, these and additional practice expense items reflected in 99072 are *not included* in the cost of in-person services provided by audiologists, SLPs, and many other Medicare providers. In addition, CMS's action to apply budget neutrality to account for the increased cost of these supplies means that providers whose services inherently do not include face masks or other similar supplies—including audiologists and SLPs—are unfairly bearing the financial burden without the benefit of increased payment for PPE**. ASHA requests CMS pay for CPT code 99072 and consider using additional appropriated funds under the Provider Relief Fund of the CARES Act (P.L. 116-136) to waive budget neutrality—specifically to provide meaningful support for PPE and infection control expenses—during the PHE.**

Furthermore, the interim final policy fails to recognize the needs of practices, especially small practices, as they work to maintain access to medically necessary services while mitigating the transmission of COVID-19. Audiologists, SLPs, and other Medicare providers have incurred significant expenses to implement the infection control measures required to safely provide in-person care during the COVID-19 pandemic. These expenses include not only the cost of PPE and cleaning supplies, but also the time spent performing infection control activities, such as cleaning and symptom checks. It is important to note that audiologists and SLPs, especially those in smaller practices, often do not employ enough support personnel to assist with infection control measures. This means clinicians lose additional service delivery time and, as a result, additional revenue to perform infection control activities typically completed by clinical staff, such as cleaning rooms and equipment between patients.

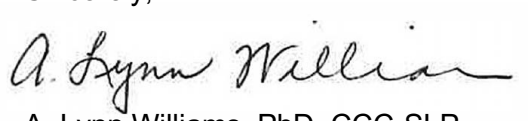
In addition, CMS has restricted the types of covered telehealth services audiologists and SLPs may provide during the PHE, making access to and payment for PPE essential. For example, SLPs may not provide swallowing or speech-generating device (SGD) evaluation and treatment services via telehealth. As a result, certain services *must* be provided in-person and are often those that pose the highest risk of infection. Swallowing evaluation and treatment requires examination of the patient's oral structure and function, and instrumental assessments are aerosol-generating procedures requiring additional PPE. SGD services require the clinician to position the patient's assistive equipment and reach over and around the patient to program and modify the device. Given the limited access to telehealth services during the PHE, it is even more critical that clinicians are fairly compensated for PPE and cleaning costs through separate payment of CPT code 99072.

Medicare providers must receive adequate support in order to maintain essential infection control and social distancing practices at a time when the virus and its mutations continue to surge across the country. Therefore, ASHA again **strongly urges CMS to immediately implement and pay for CPT code 99072 when appropriately reported in conjunction with any in-person services paid under the MPFS.** ASHA also reiterates the critical need for relief from the budget neutrality requirement and **urges CMS to explore sources for additional funding, such as the CARES Act Provider Relief Fund, to waive this mandate. CMS must hold Medicare providers harmless from the incurred PPE and infection control costs during the PHE.**

Conclusion

The 2021 MPFS interim final rule contains provisions of significant importance to audiologists and SLPs as they strive to meet their patients' needs during the public health emergency. ASHA appreciates the opportunity to submit our comments for your consideration and urges swift action to ensure Medicare provider and beneficiary safety. If you or your staff have additional questions, please contact Neela Swanson, ASHA's director of health care policy for coding and reimbursement, at nswanson@asha.org.

Sincerely,



A. Lynn Williams, PhD, CCC-SLP
2021 ASHA President